

WISCONSIN EPI EXPRESS

May 28, 2004

[Wisconsin Department of Health & Family Services](#)
Division of Public Health
Bureau of Communicable Diseases

"Surveillance provides information for action." [World Health Organization](#)

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. Herb Bostrom: bostrhh@dhfs.state.wi.us

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1. INCREASED PERTUSSIS REPORTED IN SOUTHEAST WISCONSIN

Since the beginning of 2004, an increase in reported cases of pertussis has occurred in the Southeast Region of Wisconsin. The majority of cases are centered in the tri-county area of western Racine, Kenosha and eastern Walworth counties. Cases also are reported from Milwaukee and Waukesha Counties.

Of the 198 confirmed and probable cases reported statewide to the Division of Public Health to date, 87 were from the SE region. In addition to the 87 reported cases, there are 29 cases that are still under investigation. The highest percentage of cases are in middle school age children (38%) followed by preschool age children (26%) and persons \geq 19 years of age (14%).

Local public health departments have investigated cases, notified medical providers and worked with schools to alert parents of potential spread of disease. The investigation of three cases of pertussis at University of Wisconsin-Milwaukee has resulted in notification letters being sent to approximately 1,200 selected students who may have been exposed. The letter instructs students about signs and symptoms of pertussis and to contact their health care provider and local health department if they became ill. This is important since classes are over and many students may be returning home for the summer.

Weekly updates will be posted on the HAN under "Immunizations" in the "Communicable Diseases" topic area.

For more information contact Jeff Berg in the Wisconsin Immunization Program, (608) 266-3031, BERGJL@dhfs.state.wi.us

2. SHIGELLA OUTBREAK IN WISCONSIN

The Madison Department of Public Health with assistance from Division of Public Health, Communicable Disease Epidemiology Section, is currently investigating a *Shigella* outbreak involving an elementary school and at least three daycare centers in Madison, WI. Ten out of 28 ill individuals have been confirmed with *Shigella sonnei* and the mode of transmission is by

person-to-person via fecal/oral route. The illness onset dates range from 4/16/04 to 5/18/04; ages range from <1 to 57 years old. Susceptibility testing showed that this strain is resistant to Ampicillin, Cephalothin and has intermediate resistance to Amoxicillin/Clavulanic Acid and Streptomycin. There appears to be two very similar PFGE (pulsed field gel electrophoresis) patterns with two restriction enzymes associated with this outbreak.

In 2002 and 2003, Wisconsin saw 192 and 133 reported cases of shigellosis respectively. In Dane county, there were 29 (year 2002) and 25 (2003) reported cases (median = 25).

Shigella bacteria can cause infection in anyone but is recognized more often in young children. Symptoms of *Shigella* infection include abdominal cramps, fever and mild or severe diarrhea and may appear from 1 to 7 days after exposure but usually occurs in 1 to 3 days. The bacterium is spread by eating or drinking contaminated food or water or by direct or indirect contact with fecal material from an infected person. Handwashing with soap and water is the most important preventive method to control the spread of infection.

Most people with shigellosis infection will recover on their own in 2 to 3 days. Antibiotics are occasionally used to treat severe cases or to shorten the carrier phase, this is especially important in food handlers, children in schools or day cares, and institutionalized individuals. People with active diarrhea or those who are unable to control their bowel habits should be isolated. Food handlers, children or staff in day care and health care workers must obtain the approval (this includes 2 negative stool cultures) of the local or state health department before returning to their routine activities

For more information, contact Diep (Zip)Hoang Johnson in the Communicable Disease Epidemiology Section. (608) 267-7422. HoangDK@dhfs.state.wi.us

3. CDC IMPLEMENTS NEW TIERED TRAVEL HEALTH GUIDANCE SYSTEM

The Centers for Disease Control and Prevention (CDC) has implemented a new system for providing travelers with guidance about potential health hazards and the steps they can take to protect themselves when traveling abroad. The new system makes it easier for the public to understand what their risks may be during an emerging public health crisis and what they can do to protect themselves.

The new system is effective immediately and will replace the previous travel alerts and advisories. Guidance will be posted on the CDC Travelers' Health web site as cases of disease occur and will include four levels:

- **In The News:** is the lowest level of notice and will provide information about sporadic cases of disease or an occurrence of a disease of public health significance affecting a traveler or travel destination. The risk for an individual traveler does not differ from the usual risk in that area.
- **Outbreak Notice:** provides information about a disease outbreak in a limited geographic area or setting. The risk to travelers is defined and limited, and the notice will remind travelers about standard or enhanced travel recommendations, such as vaccination.
- **Travel Health Precaution:** provides specific information to travelers about a disease outbreak of greater scope and over a larger geographic area to reduce the risk of infection. The precaution also provides guidance to travelers about what to do if they become ill while in the area. CDC does not recommend against travel to a specific area, but may

recommend limiting exposure to a defined setting, for example, poultry farms or health-care settings.

- **Travel Health Warning:** recommends against nonessential travel to an area because a disease of public health concern is expanding outside of areas or populations that were initially affected. The purpose of a travel warning is to reduce the volume of traffic to affected areas, limiting the risk of spreading the disease to unaffected areas.

A complete description of the definitions and criteria for issuing and removing travel notices can be found at www.cdc.gov/travel .

For more information contact CDC, Media Relations (404) 639-3286.

4. TUBERCULOSIS SCREENING REQUIREMENTS

On March 1, a 15 year-old foster child in Detroit, MI died of tuberculosis. The Wayne County medical examiner ruled her death a homicide because she appeared to be malnourished and because TB is treatable. The Detroit police department's child abuse unit is investigating. After the death, the Detroit TB program's director stated in an interview that TB testing "should be part of a normal routine annual physical" for foster children in that area.

The Wisconsin Tuberculosis Program recommends evaluation for TB risk factors and TB testing for those with risk factors. However, there are several groups for whom TB skin testing or TB screening is mandated by state law. Some of these requirements were instituted many years ago and should be re-evaluated.

The following summarizes the groups for whom TB screening is required:

- Hospital employees (HFS 124)—Mantoux tuberculin skin test upon hire and repeated periodically as determined by risk assessment.
- Nursing home employees (HFS 132)—New employees certified in writing as having been screened for evidence of infectious disease (OSHA requires TB skin test) and retested for tuberculosis infection based risk assessment.
- Nursing home residents (HFS 132)—New residents certified in writing as being free of airborne or other communicable disease (or an order for procedures to treat and limit the spread of the disease) and retested for tuberculosis infection based on risk assessment.
- School employees (Wis. Stats. Chapter 118)—physical examination required for new school employees, including a chest x-ray or tuberculin test.
- Group day care staff (HFS 46)—employees shall have a health examination within 12 months prior or 30 days after beginning work and submit a report that states the person is free from any communicable disease, including tuberculosis.
- Family day care center providers (HFS 45)—the provider shall have a health examination within 12 months prior or 30 days after being licensed and submit a report indicating the person is free from illness detrimental to young children, including tuberculosis.
- Foster children (HFS 57)—Each child will receive a tuberculin skin test within 6 months prior or within 48 hours after placement.
- Shelter care employees and volunteers (HFS 59)—Before beginning employment or service in a shelter care facility, a person shall receive a health examination including a tuberculin skin test.
- Clients in substance abuse programs (HFS 75)—required to receive counseling and assessment of tuberculosis risk factors, and tuberculosis screening upon admission and annually while in a narcotic treatment program for opiate addiction.

- Staff of substance abuse programs (HFS 75)—new staff required to be screened for tuberculosis and retested annually.
- Community based residential facilities employees (HFS 83)—screening of new employees for illnesses including tuberculosis within 90 days before the start of employment.
- Community based residential facilities residents (HFS 83)—tuberculin skin test upon admission and an annual health examination.
- Licensed adult family homes (HFS 88)—screening for tuberculosis within 90 days before providing services.
- Residents of adult family homes (HFS 88)—new resident health examination and screening for communicable diseases including tuberculosis within 90 days prior to admission or 7 days after admission and an annual health examination.
- Home health agency staff (HFS 133)—new employees screening for tuberculosis infection within 90 days prior to having direct patient contact and retesting for tuberculosis infection as determined by risk assessment.
- Facilities serving people with developmental disabilities (HFS 134)—employee screening for tuberculosis infection within 90 days prior to employment and retesting for tuberculosis infection as determined by risk assessment.
- Residents in a facility for developmental disabilities (HFS 134)—written certification of freedom from communicable tuberculosis upon admission and detection of health problems by routine tuberculosis control measures.

For specific statutory and administrative rule citation, go to http://dhfs.wisconsin.gov/dph_bcd/TB/Resources/tbstatute.htm or call the Tuberculosis Program at (608) 266-9692 if you have any questions.

5. DOWNLOAD TB TREATMENT INFORMATION TO YOUR PDA

A reference tool based on the Treatment of Tuberculosis guidelines is now available for download and use on personal digital assistant (PDA) Palm OS devices. This interactive PDA application provides current, accurate, user-friendly TB treatment guidelines for health care providers, allowing them to make informed decisions at the point of care.

Contents of the application

Interactive modules

- Decision to Initiate Treatment
- Continuation Phase Treatment

Abridged text modules

- Monitoring During Treatment
- Treatment Regimens
- Special Treatment Situations
- Drug Information
- Treatment Interruptions
- Case Management

Distribution of this tool will kick-off at the American Thoracic Society (ATS) Meeting in Orlando, FL, May 22nd - 25th with access to over 14,000 physicians.

Please encourage health care providers to download the application (if they have a Palm OS PDA) from the CDC website www.cdc.gov/tb.

6. ENHANCED HEPATITIS C SURVEILLANCE PROJECT STARTS JUNE 1, 2004

This project, which intends to gain a better understanding of hepatitis C virus infection in Wisconsin by collecting information from persons with HCV infection on risk factors, access to health care and receipt of hepatitis services, is underway. A letter explaining the project and enclosing the approximate number of copies of the Enhanced HCV Surveillance Data Sheet each local health department will need was sent to all Health Officers on May 26, 2004. Additionally, a pdf version the Enhanced HCV Surveillance Data Sheet can be found on the Health Alert Network under Topics, Communicable, EpiNet.

The Enhanced HCV Surveillance Data Sheet should be completed when following-up persons reported to health departments during the months of June and July who meet all of the following criteria:

- Is a Wisconsin resident
- Does not currently live in a state correctional facility. If the person resides in a local jail and if your LHD does not follow-up persons with communicable diseases who are in jail, please select the appropriate option in Section 2 of the data sheet and return as instructed below.
- Has a confirmed case of HCV infection, defined as one that is anti-HCV EIA positive with a high (≥ 3.8) signal-to-cut-off ratio), RIBA positive, HCV RNA positive by PCR, having a detectable viral load or having an identified HCV genotype.

Completion of the Data Sheet is not expected to entail an unreasonable burden since public health nurses routinely discuss many of the same points when following-up persons with HCV infection. Completed Data Sheets should be stapled to the original report form and forwarded to the Hepatitis C Program, 1 W Wilson St., Rm 318, PO Box 2659, Madison, WI 53701-2659.

This project was discussed with regional WALHDAB meetings in April and May, where valuable input regarding the project was received, and the findings will be summarized in the *AIDS/HIV Update*. The importance of local health department participation in this project cannot be overestimated, so at the outset we would like to thank all the public health nurses whose dedication and interpersonal skills will ensure its success.

If you have any questions, please contact Marjorie Hurie, Wisconsin Hepatitis C Coordinator, at 608-266-5819 or huriemb@dhfs.state.wi.us.

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

To be added to or removed from the distribution list contact:

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